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01/10/2011

HEAD, JOHNSON & KACHIGIAN  
228 W 17TH PLACE  
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Carla Bloomer	(Depositor's name)
<i>Carla Bloomer</i>	(Signature)
March 28, 2011	(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/073,636	02/11/2002	Ben Avnon	BA1525-47001651	4543

TITLE OF INVENTION: APPARATUS FOR THE DECODING OF VIDEO DATA IN FIRST AND SECOND FORMATS

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$3510	\$300	\$0	\$1810	04/11/2011
EXAMINER	ART UNIT	CLASS-SUBCLASS				
SHIANG, ANNAN Q	2424	725-135000				

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.36(a))

Change of correspondence address; (or Change of Correspondence Address form PTO/SB/122 attached).

"Fee Address" indication for "Fee Address," indication form PTO/SB/47; Rev 03/02 or more recent attached. Use of a Customer Number is required.

2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternately,

(2) the name of a single firm (having at least one registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

Head, Johnson & Kachigian, P.C.

2.....  
3.....

1. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Pace Plc

Saltaire, Shipleys (GB)

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fees are submitted:

4b. Payment of Fee(s) (Please first remit any previously paid issue fee shown above)

Issue Fee  
 Publication Fee (no small entity discount permitted)  
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 Payment by credit card, Form PTO-2038, is attached.  
 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 088-15100 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Date March 28, 2011

Registration No. 32,840

Typed or printed name Mark G. Kachigian

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